

2162

THIS IS A Permanent Record.

In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or Midwife with the Local Registrar within 8 days after birth.

PLACE OF BIRTH
County of Pima
District of San Carlos
Town of San Carlos
or
City of _____

ARIZONA TERRITORIAL BOARD OF HEALTH
BUREAU OF VITAL STATISTICS. 86
ORIGINAL CERTIFICATE OF BIRTH. Co. Register No. 52
Local Registrar's No. _____

(No. _____ St; _____ Ward)

FULL NAME OF CHILD _____
If child is not named, make Supplemental Report on blank obtainable from local registrar.

Sex of Child <u>Male</u>	Twin, Triplet or other <u>Single</u>	and	Number in order of birth <u>3</u>	Legitimate? <u>yes</u>	Date of Birth <u>March 9</u> 19 <u>11</u> (Month) (Day) (Yr.)
FATHER			MOTHER		
Full Name <u>Matadma</u>			Full Maiden Name <u>Karna</u>		
Residence <u>San Carlos Arizona</u>			Residence <u>San Carlos Arizona</u>		
Color or Race <u>Indian</u> Age at last Birthday <u>47</u> (Years)			Color or Race <u>Indian</u> Age at last Birthday <u>47</u> (Years)		
Birthplace <u>Arizona</u>			Birthplace <u>Arizona</u>		
Occupation <u>Indian Judge</u>			Occupation <u>Housewife</u>		
Number of child of this mother <u>3</u>		Number of children, of this mother, now living <u>3</u>		Were Precautions taken against Ophthalmia neonatorum? <u>Not Known</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on, _____ 19____, at _____ M

*When there is no attending physician or midwife, then the householder should make this return.

Given or christian name added from a supplemental report _____ 191____

Address _____

Filed Apr. 5 1911 Dr. Carl B. Boyd
LOCAL REGISTRAR

Filed 4/5 1911 B. J. Gray
COUNTY REGISTRAR

061-250
COUNTY REGISTRAR.